

## 2017 Medicare Advantage HMO Coverage in Erie County

Original Medicare		Excellus Health-Univera 1-800-659-1986					Fidelis Care 1-888-343-3547				
Medical Service	Original Medicare	Senior Choice Value	SeniorChoice Value Plus	SeniorChoice Basic	SeniorChoice Secure	SeniorChoice Select NO-RX	Fidelis Medicare Flex		Fidelis Medicare Advantage NO RX		Fidelis Medicare \$0 Premium
PREMIUMS	\$121.80	\$48	\$87	\$0	\$171	\$140	\$41		\$0		\$0
		HMO	HMO	HMO	HMO-POS	HMO-POS	HMO-POS		HMO-POS		HMO
Deductible	\$166	\$0	\$0	\$0	\$0	\$0	\$0		\$0		\$0
							IN	OUT	IN	OUT	
Prescription Drugs	20% Part B covered only NO PART D	Copays \$0/\$10/\$47/\$100/33%, No deductible, Part B Drugs 20%	Copays \$0/\$10/\$47/\$100/33%, No deductible, Part B Drugs 20%	Copays \$0/\$14/\$47/\$100/25% \$360 deductible for Tiers 3-5, Part B Drugs 20%	Copays \$0/\$14/\$47/\$100/25%, No deductible, Part B Drugs 20%	20% Part B covered only; No Part D	Copays \$0/\$15/\$35/\$100/28%, \$250 deductible for Tiers 2-5, 20%-Part B Drugs	Copays \$0/\$15/\$35/\$100/28%, \$250 deductible for Tiers 2-5, 20%-Part B Drugs	20% Part B covered only; No Part D	20% Part B covered only; No Part D	Copays \$0/\$20/\$47/\$100/33%, No deductible, 20%-Part B Drugs
Vision services	20%+ for glasses, frames, or contact lens post cataract surgery, 20%+ for retinopathy exam 1 per yr. for diabetics	\$50 Routine/Diagnostic Exams	\$45 Routine/Diagnostic Exams, \$75 Eyewear Allowance	\$50 Routine/Diagnostic Exams	\$40 Routine/Diagnostic Exams, \$120 Eyewear Allowance	\$40 Routine/Diagnostic Exams, \$120 Eyewear Allowance	\$0 Routine Eye Exam, Flex Benefit Routine Eyewear	Routine Eye Exam NOT COVERED, Flex Benefit Routine Eyewear	\$0 Routine Eye Exam, Eyewear Covered for Cataracts only \$0 Routine Eye Exam.	Not Covered	\$20 Routine Eye Exam, Eyewear covered for cataracts only
Hearing Services	20%	\$50 Routine/Diagnostic Exams	\$45 Routine/Diagnostic Exams	\$50 Routine/Diagnostic Exams	\$40 Routine/Diagnostic Exams	\$40 Routine/Diagnostic Exams	\$25-Exam, No Hearing Aid Coverage	50%-Exam, No Hearing Aid Coverage	\$40-Exam No Hearing Aid Coverage	50%-Exam No Hearing Aid Coverage	\$45-Exam No Hearing Aid Coverage
Diabetic training and supplies	20%	20%	20%	20%	20%	20%	\$0	Training \$0 Supplies: Not Covered	\$0	Training \$0 Supplies: Not Covered	\$0
Dental Coverage	limited coverage	Limited	Preventative	Limited	Preventative	Preventative	\$0 Exam, Fluoride treatment & Cleaning 1x/yr. X-ray: once every 2 years	Not Covered	Not Covered		\$20 Exam, Fluoride treatment & Cleaning 1x/yr. X-ray: once every 2 years
Max out of pocket		\$6,700	\$6,000	\$6,700	\$5,500	\$5,500	\$6,700		\$6,700		\$6,700
With Full LIS		\$7	\$46	\$0	\$130	NO RX	\$0		NO RX		\$0
With Full LIS & EPIC		\$0	\$5	\$0	\$89	NO RX	\$0		NO RX		\$0